STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 N. UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, ALABAMA 36130-1410
www.mh.alabama.gov

May 13, 2021

RFP #2022-01

Dear Vendor:

The Alabama Department of Mental Health (ADMH) is soliciting proposals for a **Crisis Diversion Center** in Region 2. Request for Proposals (RFP) will be accepted until **2:00 pm on Thursday, July 7, 2021**.

The submission of a proposal does not guarantee the award of a contract. Any contract resulting from the proposal is not effective until it has received all required governmental approvals and signatures. In addition, the selected vendor shall not begin performing work under this contract until notified to do so by the departmental contracting agent.

When submitting a proposal, please read the entire RFP document and return your proposal in the requested format. All proposals should be submitted in ink or typed and contain an original signature. Submissions should be delivered to:

AL Department of Mental Health
Office of Contracts & Purchasing
100 North Union Street, Suite 570
Montgomery, AL 36104

MAILING NOTE: Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are **not** accepted. Also, please note: All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed thru the State mail facility before it is forwarded to the appropriate State agency, thus delaying its arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely and will not be reviewed. Postmarks of the date mailed are insufficient; the proposal must **physically** be received at the listed office by the date and time specified regardless of the delivery service used. **All proposals received after the deadline will be deemed untimely and will not be reviewed.**

Sincerely,

Cedric Harrison

Cedric Harrison, Purchasing Director
Office of Contracts & Purchasing

Organization:	ALABAMA DEPARTMENT OF MENTAL HEALTH (ADMH)
RFP Closing Date & Time:	**2:00 pm on Thursday, July 7, 2021** Review the mailing note.
Submissions:	One printed original and two electronic copies on separate drives
RFP Contact Info:	Leola Rogers ADMH Office of Contracts & Purchasing RSA Union Building 100 North Union Street, Suite 570 Montgomery, AL 36104 Telephone Number (334) 353-7440 Email: leola.rogers@mh.alabama.gov

MAILING NOTE:

Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are **not** accepted. Also, please note: All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed thru the State mail facility before it is forwarded to the appropriate State agency, thus delaying its arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely and will not be reviewed. Postmarks of the date mailed are insufficient; the proposal must **physically** be received at the listed office by the date and time specified regardless of the delivery service used. **All proposals received after the deadline will be deemed untimely and will not be reviewed.**

ADDITIONAL INFORMATION

1. Who **may** respond to this RFP? Certified Providers in Region 2
2. Who **may not** respond to this RFP? Staffing agencies, Employees of DMH, and current State employees
3. In order to transact business in the State of Alabama all businesses **domestic** and **foreign** must be registered with the Alabama Secretary of State Office. (**Domestic** means within the State of Alabama. **Foreign** means out-of-state.) **Website:** www.sos.alabama.gov
4. If contracted with the State of Alabama, all vendors must enroll **and** actively participate in E-Verify. **Website**: https://www.e-verify.gov/
5. All vendors must register with STAARS Vendor Self Service. **Website**: https://procurement.staars.alabama.gov/webapp/PRDVSS1X1/AltSelfService
6. The Department of Mental Health reserves the right to reject any and all proposals if RFP instructions are not adhered to, such as: received after deadline (see mailing note), requested # of submissions not received.

RFP 2022-01
Timelines

Date	Item	Methods of Notification
May 13, 2021	RFP Release Date	USPS and ADMH Website
May 20, 2021 3:00 pm	Deadline for Questions Submission	Email to leola.rogers@mh.alabama.gov
June 1, 2021 (Approximately)	RFP Question & Answer Response	ADMH website www.mh.alabama.gov
July 7, 2021 2:00 pm	RFP Submission Deadline	USPS or FedEx or UPS (Review mailing note)
July 7, 2021 2:00 pm	**Submissions**: One printed original response and two electronic copies on separate flash drives	
October 1, 2021	Notification of Selection Status	USPS or FedEx or UPS
November 1, 2021	Anticipated Contract Start Date	In writing
SUBMIT RFP RESPONSES TO AL Department of Mental Health Office of Contracts & Purchasing RSA Union Building 100 N. Union Street, Suite 570 Montgomery, AL 36104		
Emailed or faxed responses are NOT ACCEPTED. All proposals received after the deadline will be deemed untimely and will not be reviewed.		

Minimum Bidder Qualifications

A provider must be certified as a 310-board community mental health center by the Alabama Department of Mental Health (ADMH), located in ADMH Region 2, and must have demonstrated the capacity to provide access to the following services through direct provision or referral arrangements:

- Inpatient services through referral to community hospitals and through the attending physician for community hospitalizations,
- Substance abuse services including outpatient services and residential services.

In addition to these requirements, it is the expectation of ADMH that all agencies operating a Crisis Diversion Center be accredited by The Joint Commission. Bidders must attest that the agency will begin the accreditation process within six (6) months of the contract start date and should include a detailed plan for accreditation in the start-up timeline response to this RFP. This plan should indicate the agency's understanding of the accreditation process.

Background & Description

In 2019, ADMH began a multiyear initiative to establish a crisis continuum within the State. In 2020, ADMH published a Request for Information (RFI) allowing each of the four mental health regions in the State to collaborate on completing a regional needs assessment to inform statewide and local crisis system planning. Following the RFI, ADMH published a Request for Proposal (RFP) soliciting competitive bids for three (3) crisis diversion centers. WellStone, Inc. in Region 1, Montgomery Area Mental Health Authority in Region 2, and AltaPointe Behavioral Health in Region 4 were the awarded respondents.

ADMH is now soliciting responses for one (1) additional crisis diversion center anticipated for the upcoming fiscal year. ADMH is working toward the goal of a full statewide continuum of crisis services, and to support this goal and expand access in the most populous region in Alabama, respondents must be located in the ADMH Mental Health Region 2. As with the three 2020 awards, this diversion center will serve as a 'hub' for crisis services, expanding access for individuals experiencing a behavioral health crisis and offering a clinically appropriate alternative to otherwise avoidable emergency department (ED) and jail admissions.

Scope of Work

The purpose of this Request for Proposal (RFP) is to solicit qualified bidders to establish a total of one (1) Behavioral Health Crisis Diversion Center in ADMH Mental Health Region 2, expanding the capacity of the crisis continuum in Alabama. Like the Crisis Diversion Center awards made through competitive bid process in 2020, this Crisis Diversion Center will serve as a pilot site in the State, and as such, respondents have flexibility in their approach beyond meeting the minimum standards outlined in the Technical Components Section of this RFP. At a minimum, Crisis Diversion Center proposals must include crisis beds (temporary observation and extended observation) and a plan for a formal community collaborative. Additional community-based components may be proposed, and additional points may be earned for these "value-add" services in the evaluation.

It is expected that proposals include an understanding of the needs of diverse populations, including those with mental health needs and those with substance use disorders (SUD). Bidders may offer plans that meet these broad needs directly or through formal collaborative partnerships with other providers. Proposals should also include plans to triage, assess, and either directly serve or link special populations such as youth, veterans, intellectual/developmental disabilities (IDD), and autism spectrum disorder (ASD). Likewise, the Department is looking for proposals that reflect an understanding of regional needs and that offer an approach aligned with the current and future expansion of a regional crisis continuum.

Bidders may submit only one (1) proposal, and proposals will be evaluated based on both technical and cost proposals. Proposals may include a multiagency approach to meet the needs of multiple service populations, programmatic elements, or catchment areas. In this event, proposals should be submitted by

the lead agency detailing the work and contract percentages or annual cost for each partnering entity. If a multiagency proposal is awarded, the lead agency will provide individual sub-contracts to each agency commensurate with their scope of work and cost proposal.

Definitions

Average Length of Stay (ALOS) – Calculated by dividing the sum of all patient days by the total discharges for a stated time period (i.e., monthly, annually).

Crisis Diversion Center – For the purpose of this RFP, a crisis diversion center is a facility that provides a range of time-limited behavioral health crisis services, at a minimum temporary and extended observation bed capacity, with 24/7/365 receiving and evaluating capacity.

Deflection/Diversion – Deflection and diversion are terms to describe referrals that are not admitted for a reason other than lack of clinical criteria. While the definitions of these terms are slightly different, to avoid ambiguity with the use of "diversion" in crisis diversion center for the purpose of this RFP, the definition will be the same for both terms. Facility is unable to accept referrals, including self-referrals, due to lack of bed capacity or clinical consideration (i.e., acuity of unit milieu). Diversion may be partial, for instance unable to accept ED referrals, but continues to accept walk-ins and law enforcement drop-offs. Full diversion means that the facility is unable to admit from any referral source, including walk-ins.

Extended Observation – For the purpose of this RFP, short stay crisis beds with an ALOS of less than 7 days, intended to further evaluate and stabilize a behavioral crisis, including medically monitored detoxification.

Involuntary Admission – Admission to a facility through a civil process which does not require the individual to consent to admission. For the purpose of this RFP, involuntary admission includes 72 hour holds initiated by law enforcement or physicians and does not reference civil commitments.

Institution for Mental Disease (IMD) – A facility defined in law as: "hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care and related services" (CMS).

Temporary Observation – Beds or recliners utilized for less than 24 hours to assess the need for further evaluation and treatment.

Voluntary Admission – Admission of a person to a facility (i.e., crisis diversion center) for behavioral health treatment at their own request.

Warm Handoff – An in-person handoff from referring provider(s) to receiving provider(s) that includes the person served and, when possible, the family/natural supports.

Technical Components

Core Requirements for Crisis Diversion Centers

<u>Crisis Diversion Center – Minimum Requirements</u>

Crisis Diversion Centers are intended to provide emergency evaluating and stabilization services for individuals experiencing a mental health or substance use crisis. Further, the Diversion Centers focus upon reducing hospital emergency department visits and reducing law enforcement arrests of individuals

in mental health or substance use crisis by allowing for a clinical alternative focused upon evaluation and treatment. At a minimum, crisis diversion centers must meet the following requirements:

a. Acute stabilization beds in a secure environment in adherence with Alabama Department of Mental Health Technical Services Administrative Code: Minimum Standards for Physical Facilities, Chapter 580-3-22,
b. Secure (locked) environment in which to receive individuals for evaluation 24/7/365 as either a voluntary walk-in or referral (i.e., from ER or clinic), involuntary evaluation hold, or arrival via law enforcement,
c. Secure environment for temporary observation beds as a short-term (23 hours or less) alternative to acute stabilization admission or referral to inpatient hospital treatment,
d. 24/7/365 on-site Registered Nursing,
e. 24/7/365 Physician availability (on-call or on-site) and daily physician visits,
f. 24/7/365 Pharmacy,
g. 24/7/365 ability to clinically assess all individuals who present as both voluntary and involuntary,
h. Medical Director who is a physician licensed in the State of Alabama,
i. Ability to administer medications as prescribed by a physician,
j. Active daily recovery-based programming,
k. Quiet room, including plan for seclusion and restraint,
l. Transfer agreement with local community/acute care hospital,
m. Average length of stay <7 days for extended observation beds.

1. Minimum Service Requirements:

   At a minimum crisis diversion centers must provide short-term stabilization for the following:

   a. Individuals in active mental health crisis such that there is immediate risk of harm to self or others, or level of impairment due to mental health symptoms so severe that individual is likely to become a danger to self or others without stabilization,
   b. Individuals in need of medically monitored detoxification that without such, could result in death or disability (i.e., alcohol, benzodiazepines)

   In serving the above populations, crisis diversion centers must have availability of staff with sufficient expertise that would allow for these individuals to have their individualized crisis needs met.

2. Minimum Staffing Requirements:

   a. Medical - A Board Certified Psychiatrist in the state of Alabama. All services provided in the crisis diversion center are supervised by a physician.
   b. Nursing - All nursing services must be supervised at a minimum by a RN. It is expected the crisis diversion center will have an adequate number of registered nurses (RN) whereas there will be an RN on-site 24/7/365. Licensed Practical Nurses (LPN) may be utilized as an adjunct to RNs, but may not perform any duty outside of their scope of practice
   c. Social Services - All social services must be under the supervision of a clinical director,

d. Recovery Services - The crisis diversion center must employ enough certified peer specialists, or individuals qualified and actively seeking certification, to provide active recovery-based programming; at a minimum at least one (1) certified peer specialist (CPS) or certified recovery support specialist (CRSS) must be on-site first and second shift, seven days per week
e. Mental Health Worker/Technician - Crisis diversion centers must employ enough Mental Health (MH) Workers/Technicians to provide daily care and safety on the unit, including in temporary observations. Staffing of MH Workers/Technicians must take into account acuity levels at any given time on any given day.

3. Programmatic Requirements:

At a minimum, crisis diversion centers must have written plans, policies, and procedures regarding all programming, but at a minimum must submit plans for review and approval in the following areas:

1. Admissions- Crisis diversion centers must have the ability to evaluate and admit individuals 24/7/365. Proposals must include detailed descriptions of the following:
   a. The referral process for both voluntary and involuntary individuals that are received for assessment. This description must include how the safety of those individuals and staff is ensured throughout the evaluation process
   b. Eligibility criteria to receive crisis diversion center services
   c. Referral to most appropriate services for individuals deemed not to meet eligibility criteria. In other words, a detailed description must be submitted to how those individuals who are not eligible are 'warmly' handed-off to services that can meet their crisis needs
      a. A phone call to schedule the next appointment is not a warm hand off
2. Assessments- All individuals who present at the crisis diversion must be clinically assessed regardless of eligibility criteria. For example, crisis diversion centers will not admit children but regardless, that child must be clinically assessed prior to referral for other services. Proposals must include the following regarding assessments:
   a. The process and timeframe by which each discipline will complete assessments. At a minimum, the following professionals must complete an assessment:
      - Level of Care Assessment/Intake – upon arrival at Crisis Diversion Center to evaluate level of care needs; must be completed by a clinician whose scope of practice includes behavioral health assessment,
      - Psychiatric Evaluation – within 24 hours of admission,
      - Nursing Assessment – within 8 hours of admission,
      - Psychosocial Assessment – within 72 hours of admission
   b. All assessments must include a clinical rationale for prescribed services such as admission to the diversion center (unit and temporary observations), nursing services to be received, psychiatric services to be received, additional medical screenings that may be necessary, and criteria for discharge.
   c. Diversion centers must have policies to ensure other assessments that may be necessary (i.e., through physician order) to meet the individualized care needs of the person such as dietary, behavior support, and activity therapy.

3. Treatment Planning- All individuals admitted to either temporary observations or the extended observation crisis unit must have a treatment plan that is monitored by a treatment team, which must include the following disciplines, at minimum:
    a. Physician
    b. Nursing
    c. Social Services
    d. Recovery/Peer Services
    e. Mental Health Worker/Technician Input

    Note: If the individual is admitted to temporary observations only, then only the physician and nurse must show active involvement in a treatment plan specific to that short-term admission. However, all discharge/transition plans must include a follow-up appointment with an identified provider, date, and time and a crisis safety plan.

    The respondent must also provide a detailed description of the following:

    a. The process for ensuring timely completion of the initial interdisciplinary treatment plan,
    b. The frequency at which treatment team meetings are held,
    c. How individuals being served are involved in the treatment planning process,
    d. The process for which changes are made to the treatment plan to reflect the current status of the individual being served,
    e. The person/discipline responsible for ensuring all identified problems are addressed in the treatment plan,
    f. How goals, objectives, and interventions are developed, implemented, monitored, and updated,
    g. The process by which goals, objectives, and interventions are strength-based and individualized,
    h. How the treatment planning process is used to determine whether or not discharge criteria is being met.

4. Programming/Active Treatment – Crisis diversion centers must have programming that supports the recovery and stability of the individuals being served. At a minimum, respondents must detail their implementation plans for the following supportive programming services:
    a. Groups for individuals with a substance use disorder
    b. Recovery groups led by Certified Peer Specialists and/or Certified Recovery Support Specialists, with an emphasis on safety planning and access to community recovery support resources
    c. Coping Skills Groups
    d. Access to individual counseling
    e. Health and Safety programming
    f. Readiness for Discharge/Transition
    g. Individualized education regarding medications, benefits, and side-effects
    h. Family sessions with a focus on discharge planning, illness education, and improving natural supports

5. Discharge Planning- Quality discharge planning is necessary to reduce the likelihood of a re-admission to the diversion center or an inpatient facility. Respondents must detail the following:
    a. The process for initiating discharge planning immediately upon admission to both Temporary Observations and the Crisis Unit
    b. Daily documentation of progress towards discharge, (i.e., progress towards achievement of treatment plan goals and objectives)
    c. The development of a discharge planning form that details the following:
        - The designated facility/provider(s) for which the individual will receive follow-up services
        - The date and time for the initial follow-up appointment within no more than seven (7) days and scheduled with a clinician or physician (intake only is not sufficient to meet this measure)
        - Medications, and the amount, the individual is receiving upon discharge
        - The individual's ability to acquire medications upon discharge, and any strategies for assistance
    d. The process by which the discharge instructions are reviewed face to face with the individual and natural supports, and documentation is included towards the level of understanding of those instructions

<u>Community Collaborative</u>

Community collaboration is an essential function to ensure the quality and value of crisis services. Community collaboratives must meet regularly, no less than quarterly, and include a broad group of stakeholders, at minimum:

a. Community Mental Health Centers
b. Substance Abuse Treatment Providers
c. Community Hospitals/Local Emergency Departments
d. Law Enforcement
e. Probate Judges
f. Behavioral Health Providers/Hospitals
g. Local Advocacy Groups, including Self-Advocacy Groups

These collaboratives should meet in-person and at regular intervals, at least quarterly.

Collaborative meetings should have an agenda that includes at minimum:

a. Collaborative data tracking and planning to include:
    i. Emergency Department visits for primary behavioral health complaints,
    ii. Emergency Department boarding times for behavioral health dispositions,
    iii. Jail admissions of individuals with a behavioral health diagnosis,
    iv. Length of stay in jail for individuals identified as having a behavioral health diagnosis
b. CQI data reporting of key measures of success for crisis services, including at a minimum:
    i. Total Crisis Evaluations
    ii. Disposition by Category
    iii. Admissions

iv. Discharges
v. Deflections/Denials (Benchmark: Less than 10%)
vi. Average Length of Stay (Benchmark: Less than 7 days ALOS)
vii. Rate of Readmission within 30 Days (Benchmark: Less than 12%)
viii. Rate of Ambulatory Follow-up (Benchmark: Greater than 75%)
ix. Program/Service Satisfaction

c. Collaborative planning to address metrics below benchmark, barriers, and solutions,
d. Community education related to behavioral health, crisis care, and other relevant topics identified by the collaborative

Optional Community-Based Components

The Department is focused on developing a robust crisis service system that is grounded in evidence-based practices, clinically sound, and responsive to the needs of individuals in the community. While it is not expected that a full continuum of crisis services be developed through this solicitation, the Department is interested in proposals that create the greatest value for Alabamians. As such, the Department is offering bidders the opportunity to include a plan for community-based crisis elements that can enhance the value of crisis services within the region and is consistent with the long-term goal of developing a comprehensive, statewide crisis system with multiple levels of care.

Bidders will have an opportunity to earn additional points in the evaluation of proposals through the inclusion of community-based crisis components as "value-added" services. Examples of value-add components include, but are not limited to:

a. Additional diversion bed locations and types (i.e., multiple sites, living room, step-down/transition beds)
b. Mobile Crisis
c. Co-response
d. Crisis Case Management
e. Community-Based Crisis Peer Support (pre/post crisis)
f. Crisis Telehealth
g. Regional Access Line – hotline/warm line
h. Crisis Prescription Assistance

Technical Response

1. Bidder Agency Background

Please provide a 1–2-page summary of agency background and qualifications to provide crisis services, including current service continuum and any existing components of crisis care. Identify any key staff for the proposed crisis services; an organizational chart should be included in the appendices of the RFP response.

If the proposal includes multiple agencies partnering, please include a brief agency description for each agency, clearly identify the lead agency, and include the scope of work for each partner agency.

2. Diversion Center

a. Describe the proposed structure of the diversion center, to include location, total beds by type (i.e., temporary observation, extended observation), consumer flow, programming, and discharge/transition planning. Responses should address the rationale for the proposed number of beds, location of the center(s), and describe in detail how the proposed center will help support the crisis needs of the region, as opposed to a single catchment. If proposing multiple sites, describe the details for each site and rationale for proposal.

   Proposals should specify the total number and types of beds proposed, including recliners, if applicable. Proposals should also include the rationale and methodology for determining the proposed number of beds. While the Department is not prescribing a maximum or minimum bed capacity in the RFP, proposals that include more than sixteen (16) extended observation beds at a single site should demonstrate a fiscal advantage for a diversion center that would be subject to the Institution for Mental Disease (IMD) exclusion, and therefore unable to bill for Medicaid eligible services.

b. Describe the plan to ensure ease of access or "no wrong door" for individuals, family members, law enforcement, hospitals, and others who may seek services through the diversion center on a 24-hour basis.

c. Describe how the agency will ensure it adheres to the ADMH Admission, Discharge, and Exclusionary Criteria for Crisis Diversion Centers policy.

d. Please provide detailed procedures for identifying and serving individuals requiring special precautions (i.e., suicide, homicide, aggressive behavior, sexually acting out, elopement, and fall risk) and observation levels (i.e., routine/q15 minutes, line-of-sight, 1:1).

e. Referrals: Describe the process for receiving and accepting referrals from community partners, including at a minimum:
   i. Hospitals/Emergency Departments
   ii. Law Enforcement
   iii. Probate Courts
   iv. Mental Health and Substance Abuse Treatment Providers

   The description should include a plan to facilitate ease of access for referral sources, minimize wait times, minimize referral for medical clearance (in accordance with the ADMH Medical Clearance for Crisis Diversion Centers policy.

f. Walk-ins: Describe the process for receiving, triaging, and clinically assessing individuals that walk-in to the crisis diversion center on a 24/7/365 basis. This plan should include proposed procedures for ensuring the safety of individuals presenting and center staff beginning the moment an individual presents for care.

g. 24-Hour Admission Capacity: Describe the plan to ensure the ability to admit individuals on a 24/7/365 basis, including physician orders, review of referrals, assessment of walk-ins, basic medical screening (i.e., breath alcohol, vital signs, etc.).

h. Overflow Plan: Describe the plan to ensure individuals requiring admission are served through the diversion center or similar level of care, even when the crisis diversion center is at full capacity. This process should specifically address ensuring the safety of individuals presenting to the center are served, including those at immediate risk of harm to self or others. The plan should also include a process to ensure that law enforcement and emergency medical services are able to depart from the crisis diversion center timely, upon transporting a person to the center.

i. Linkage plan – acuity criteria not met: It is important that admissions to crisis diversion center beds are based on clinical criteria described in the technical components of this RFP document. When an individual presents through self-referral or other means and based on clinical level of care assessment does not meet criteria for admission, that individual must be linked to community-based services. Describe the plan to provide linkage and follow-up for these individuals that must include at a minimum:

    i. Crisis Safety Plan
    ii. Referral to Appropriate Provider, including based on presenting problems (i.e., MH, SUD) and promoting continuity of care
    iii. Follow-up/Warm Handoff Plan

j. Linkage plan – exclusionary criteria: At times individuals will present who are not appropriate for admission to the crisis diversion center due to the presence of exclusionary criteria. Examples include a child presenting to an adult crisis diversion center, an individual with dementia or traumatic brain injury, or medical comorbidities that cannot be safely managed on a crisis unit (i.e., chemotherapy). Describe the process to ensure that the individual is triaged, clinically assessed, and linked to appropriate services that can meet the needs of this group of individuals. The plan must include, at a minimum:

    i. Crisis Safety Plan
    ii. Referral to Appropriate Provider, including based on presenting problems and promoting continuity of care
    iii. Follow-up/Warm Handoff Plan

k. Clinical Services: Describe the plan for provision of clinical services at the crisis diversion center based on the description in Section 1 of the Technical Components, to include any proposed services exceeding the minimum service standards outlined in Section 1.
    i. Triage – telephonic and face-to-face
    ii. Level of Care Assessment
    iii. Psychiatric Evaluation
    iv. Nursing Assessment
    v. Psychosocial Assessment

vi. Treatment Planning – including Discharge Planning
vii. Pharmacy Services
viii. Laboratory Services
ix. Medically Monitored Detoxification
x. Medication Assisted Treatment

l. Peer Services & Supports: Peer services are an evidence-based practice in behavioral healthcare, including crisis care. As such, for a diversion center to meet the goal of being recovery oriented, peers must play an integral role within the treatment team. Describe the role(s) that peers will play in the crisis diversion center, at a minimum within the treatment team, group-based peer support, and individual peer support. Provide a plan for recruiting peers into these roles.

m. Staffing Plan: Provide a staffing plan to include all disciplines serving the crisis diversion center, FTE requirements for each discipline, 24/7/365 schedule, and acuity-based staffing plan. Delineate any positions that will be filled through contracting.

Attach as appendices the resumes/CVs of key staff (i.e., medical director, psychiatrist(s), director of nursing/nurse manager, clinical director, and director of recovery). The list of key positions is neither prescriptive nor exhaustive, but rather examples of positions often identified as key in a crisis program. If key staff are not yet been identified, please indicate that in the response along with a plan to recruit key positions.

n. Special Populations: Describe the plan to ensure appropriate triage, assessment, and care/linkage for special populations, including youth, SUD, intellectual/developmental disabilities (IDD), and medically fragile. Please describe the extent to which the proposed diversion center may meet the individual needs directly (i.e., through admission to Crisis Diversion Unit), as well as the plan to ensure appropriate referrals and warm handoff to providers that can meet the individual's needs.

Describe the plan to address the needs of high-utilizers of crisis and acute services; include in the plan a proposed definition of "high-utilizers" for the purpose of crisis services, interventions to address the unique needs of this population, and proposed measures of success.

o. LEP/SI: Please describe the plan to serve individuals with limited English proficiency (LEP) or sensory impairments, including individuals who are Deaf or hard-of-hearing and individuals with visual impairments. This plan should include at a minimum access to interpreters on a 24/7/365 basis and a plan to ensure access to active treatment for individuals with LEP and those with sensory impairments.

p. Continuous Quality Improvement/Data Reporting: Please describe the plan for continuous quality improvement (CQI) for the Crisis Diversion Center. If any community-based crisis components are being proposed, please include CQI for those components in this plan.

CQI plans should include the proposed outcome measures, benchmarks, datamining/aggregation plan, and reporting plan. Describe the proposed approach to reporting this data "up and out,"

measures of success/metrics, frequency of reporting (at minimum, quarterly), how data will be used to improve the quality and effectiveness of crisis services, and how this data will be integrated into future planning.

The minimum core data tracking and reporting requirements includes:

a. Total Crisis Evaluations
b. Disposition by Category
c. Admissions
d. Discharges
e. Deflections/Denials (Benchmark: Less than 10%)
f. Average Length of Stay (Benchmark: Less than 7 days ALOS)
g. Rate of Readmission within 30 Days (Benchmark: Less than 12%)
h. Rate of Ambulatory Follow-up (Benchmark: Greater than 75%)
i. Program/Service Satisfaction

q. Regional Approach: While it is not expected that a single crisis diversion center meet all of the crisis needs of an entire region, the Department is interested in proposals that demonstrate a level of regional collaboration and cooperative planning to meet the needs of individuals in both urban and rural areas, individuals with complex or co-occurring diagnoses, and individuals with a history of recidivism in crisis or acute levels of care.

Please describe how the crisis diversion center will facilitate a regional approach to crisis care, including formal partnerships, interagency collaboration, and regional strategic planning.

3. **Community Collaborative**

Please provide a narrative description of the proposed crisis collaborative, including plan to adhere to the minimum requirements set forth in Section 2 of the Technical Components.

The community collaborative description should include, at a minimum:

a. Comprehensive list of stakeholders
b. Total number of proposed collaboratives
c. Integration with existing collaboratives, if applicable
d. Meeting location(s), frequency, duration
e. Plan for data sharing and reporting
f. Topics for community education
g. Plan to engage stakeholders
h. Sample agenda
i. Budget needs related to the collaboratives
j. Anticipated barriers to stakeholder engagement and proposed solutions

4. **Optional Components** (if applicable): If additional community-based components are being proposed, please provide the following information:
    a. The community-based components being proposed

b. Location (i.e., counties, cities, partner agencies, etc.)
c. Reason for selecting proposed components
d. Service description of proposed community-based components
e. Staffing plan and sample schedule

5. **Transportation**

Transportation to and from a crisis diversion center can have benefits of reducing burden on law enforcement and EMS, while also promoting dignity and respect and minimizing trauma for the individual served. Please describe the plan for transportation of individuals both to the crisis diversion center (when it is safe and clinically appropriate to do so) and a plan for transportation from the diversion center to an individual's home, aftercare appointment, or other appropriate community-based setting. If optional community-based crisis components are being proposed, please incorporate those into this plan.

6. **Start-up Plan**

Please describe the startup timeline, to include milestones.

This plan should be specific and address securing and building/modifying the physical plant, including any inspection and life safety requirements.

The plan should also provide a detailed recruitment and on-boarding plan for crisis staff. Include a training and orientation calendar for crisis staff. It is the expectation that awardees complete startup activities and begin providing services in no more than six (6) months from the date of award.

7. **Cost Proposal**

Please complete *Attachment A: Cost Proposal Template*. This attachment includes worksheets for staff schedules, core staffing requirements, start-up budget, annual operating budget, and budget justification. Each worksheet should be completed, and should include a projection for all costs and revenue. The Department will evaluate each proposal based on the congruence of cost proposals with required technical components as well as

8. **Supporting documents**

1. Organizational Charts
2. Proposed Job Descriptions, at minimum
    a. Physician
    b. Registered Nurse
    c. Clinician
    d. Peer Specialist
    e. Mental Health Worker/Technician
3. Sample Staffing Schedule
4. Acuity-Based Staffing Plan
5. Letters of Commitment
6. Memoranda of Understanding, if applicable

Evaluation Criteria

Scoring Criteria & Evaluation Questions	Possible Points
1. Bidder Agency Background - Does the bidder agency background include a thorough description of the agency, including existing services? - Does the bidder describe current crisis services offered by the agency? - Are key staff members identified, including the roll they will play in crisis services? - Are partners identified, including formal partnership agreements?	5
2. Diversion Center - Does the proposed diversion center meet the requirements of accepting 24/7/365 evaluations and admissions? - Is there a clear methodology/rationale for the proposed number and type of beds, location, and a regionalized approach to crisis services? - Does the proposal provide a clear plan for access that includes at minimum law enforcement/first responders, hospitals, and individuals in crisis/self-referrals? - Does the proposal provide clear admission, discharge, and exclusionary criteria congruent with minimum diversion center requirements outlined in this RFP and any other programmatic elements proposed by bidders? - Does the proposal provide a plan to identify and monitor individuals with high-risk symptoms and behaviors as defined in the RFP? - Is there a clear plan to ensure referrals are accepted timely from hospitals, law enforcement, probate courts, behavioral health providers, and individuals self-referring (as walk-ins or telephonically) for evaluation or admission to the diversion center? - Does the proposal include a plan to reduce the need for medical clearance through emergency departments prior to admission? - Does the RFP include a plan to effectively manage referrals and walk-ins during times when bed capacity may be limited due to census, acuity, etc.? - Do plans for linkage include evidence-based approaches, including crisis planning and warm handoff when individuals are evaluated by do not meet clinical criteria for admission into a crisis diversion center bed? Is the plan congruent with resources available within the behavioral health system of care (i.e., if referring for a next day walk-in appointment with a clinician, is that referral realistic based on available resources)? - Do plans for linkage include evidence-based approaches including crisis planning and warm handoff when individuals	30

Scoring Criteria & Evaluation Questions	Possible Points
are determined to meet exclusionary criteria for the diversion center? - Does the proposed plan for the delivery of clinical services in the crisis diversion center meet, at minimum, all required elements detailed in the RFP document? - Does the proposal include plans to ensure access, not only in terms of admission, but also active treatment for individuals with LEP or sensory impairments? - Is there a plan to address the needs of high-utilizers of crisis services? - Do proposals demonstrate a clear plan to integrate services for individuals with mental health and/or substance use disorders, including the ability to provide medically monitored detoxification? - Is there a clear plan to ensure that youth who may present to the diversion center are clinically assess and referred to an appropriate level of care serving that population? - Is there evidence of formal partnerships to serve populations that the bidder may not typically serve (i.e., youth, SUD, IDD)? - Does the proposal provide a clear plan to meet at least the minimum CQI requirements detailed in this RPF, including a plan for data collection? - Does the proposal reflect a regional approach to planning, including accessibility for individuals that may not reside in the bidder's typical catchment area?	
3. Community Collaborative - Does the proposal identify a comprehensive list of stakeholders, not just categories of stakeholders? - Does the proposal include a detailed plan to meet all required elements of the community collaborative detailed in this RFP document? - Are budgetary assumptions recommended for the collaborative congruent with proposed activities and resource needs (i.e., meeting spaces, refreshments, training/educational activity costs, staff time, supplies, and other resources)? - Does the proposal include a collaborative approach to addressing goals of reducing ED visits and boarding times as well as jail admissions? Does the approach include a plan for collecting, analyzing, and reporting data? - Does the proposal include a plan for reporting crisis service metrics out through the community collaborative?	20
4. Optional Components (Community-Based) - Does the proposal include any optional community-based components? If not, proceed to section 5 – Transportation. - If additional components are proposed, does the proposal include rationale for the components and a clear description of which services are proposed, including: type, location, hours of operation, staffing requirements, etc.?	Up to 10 additional points

Scoring Criteria & Evaluation Questions	Possible Points
- Are the proposed components congruent with goals of reducing ED visits and boarding times, jail admissions, and needs of high-utilizers? - Do the additional components reflect a regional approach to crisis services?	
5. Transportation - Does the plan for transportation include transportation to and from the crisis diversion center? - Does the plan reflect an opportunity to reduce the use of law enforcement and EMS for transportation when it can be safely accomplished by the CMHC? - Are any proposed exclusions from transportation detailed, with rationale (i.e., distance, safety or clinical concerns)? - Does the plan detail the responsible party for transportation (i.e., CMHC staff, contracted entity, etc.)?	10
6. Start-up Plan - Does the startup plan provide a clear path to ensure services begin within six months of the contract start date, including any necessary acquisition, construction, or modifications to the physical plant for the crisis diversion center? - Does the start-up plan provide a clear plan to recruit, on-board, and train staff for the crisis program? - Does the start-up timeline address in detail the agency's plan to become accredited by The Joint Commission?	10
7. Cost Proposal - Cost proposal maximizes value to the State; proposals may not be evaluated purely on a cost basis, but rather the overall value of the programmatic elements offered in the proposal. - Does the cost proposal reflect additional sources of funding that may enhance the total value of the contract (i.e., client fees/third party billing, additional community/board funding commitments)? - Does the cost proposal provide a through detail of all projected costs and revenue?	15
8. Supporting Documents: - Does the proposal include, at minimum, all required supporting documents outlined in the RFP document?	10
Maximum Scoring Potential:	110/100

****Please note, for a proposal to be considered responsive the minimum total score must be at least 80 points**.